



DEVELOPMENT SERVICES DEPARTMENT
ADMINISTRATIVE DIVISION
276 Fourth Avenue Chula Vista CA 91910
619-691-5272

AFFIDAVIT

FORM 4554

Name of Applicant _____

Activity No. _____

Street Address of Applicant _____

City _____ State _____ Zip Code _____

Phone No. _____

I hereby request, in accordance with Sections 19850 and 19851 of the California Health and Safety Code, a duplicate of the official copy of:

☐

Building Plans

☐

Specifications and Calculations

☐

Reports

☐

Documents

on file in the City of Chula Vista Development Services Department for

BUILDING ADDRESS:

Street No. _____ Frac. _____ Div. _____ Street Name _____ Suffix _____

City _____ State _____ Zip Code _____

I affirm that I am aware of and understand the provisions of Section 19851 of the California Health and Safety Code which states:

1. That the copy of the plans shall only be used for the maintenance, operation and use of the building;
2. That drawings are instruments of professional service and incomplete without the interpretation of the certified, licensed or registered professional of record;
3. That subdivision (a) of Section 5536.25 of the Business and profession Code states that a licensed architect who signs plans, specifications, reports or documents shall not be responsible for damage caused by the subsequent changes to, or use of, those plans, specifications, reports, or documents where the subsequent changes or uses, including changes or uses made by state or local government agencies, are not authorized or approved by the licensed architect who originally signed the plans, specifications, reports or documents, provided that the architectural service rendered by the architect who signed the plans, specifications, reports or documents was not also a proximate cause of the damage.

Attested to by: _____
Signature of Applicant

Date: _____